

2nd AMENDED

*[Caption as in Form 416A, 416B, or 416D, as appropriate]*

## NOTICE OF APPEAL AND STATEMENT OF ELECTION

CASE # 16-ap-3114 /// core case 16-bk-33185

### **Part 1: Identify the appellant(s)**

1. Name(s) of appellant(s): Peter Szanto

2. Position of appellant(s) in the adversary proceeding or bankruptcy case that is the subject of this appeal:

For appeals in an adversary proceeding.

Plaintiff

Defendant

Other (describe) Debtor / x-Def.

For appeals in a bankruptcy case and not in an adversary proceeding.

Debtor

Creditor

Trustee

Other (describe) \_\_\_\_\_

### **Part 2: Identify the subject of this appeal**

DE 614

1. Describe the judgment, order, or decree appealed from: \_\_\_\_\_

2. State the date on which the judgment, order, or decree was entered: March 10-2020

### **Part 3: Identify the other parties to the appeal**

List the names of all parties to the judgment, order, or decree appealed from and the names, addresses, and telephone numbers of their attorneys (attach additional pages if necessary):

1. Party: Evyne Szanto Attorney: Nicholas J. Henderson  
et al 117 SW Taylor St., Suite 300  
Portland, OR 97204

2. Party: \_\_\_\_\_ Attorney: 503 417 0500  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 4: Optional election to have appeal heard by District Court (applicable only in certain districts)**

If a Bankruptcy Appellate Panel is available in this judicial district, the Bankruptcy Appellate Panel will hear this appeal unless, pursuant to 28 U.S.C. § 158(c)(1), a party elects to have the appeal heard by the United States District Court. If an appellant filing this notice wishes to have the appeal heard by the United States District Court, check below. Do not check the box if the appellant wishes the Bankruptcy Appellate Panel to hear the appeal.

Appellant(s) elect to have the appeal heard by the United States District Court rather than by the Bankruptcy Appellate Panel.

**Part 5: Sign below**

/s/Peter Szanto / electronic sig.

Date: 3-24-2020

Signature of attorney for appellant(s) (or appellant(s) if not represented by an attorney)

Name, address, and telephone number of attorney (or appellant(s) if not represented by an attorney):

11 Shore Pine, Newport Beach CA 92657

949 887 2369

Fee waiver notice: If appellant is a child support creditor or its representative and appellant has filed the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

**[Note to inmate filers:** If you are an inmate filer in an institution and you seek the timing benefit of Fed. R. Bankr. P. 8002(c)(1), complete Director's Form 4170 (Declaration of Inmate Filing) and file that declaration along with the Notice of Appeal.]

# PROOF OF SERVICE

My name is Maquisha Reynolds, I am over 21 years of age and not a party to the within action. My business address is PO Box 14894, Irvine CA 92623.

On the date indicated below, I personally served the within:

**2<sup>nd</sup> Amended Notice of Appeal** on the following by placing the within document in postage pre-paid envelope addressed as:

**Troy G. Sexton  
Nicholas J. Henderson  
care of  
Motschenbacher & Blattner  
117 SW Taylor St., Suite 300  
Portland, OR 97204**

and by mailing copies to the above parties *via* 1<sup>st</sup> class mail, postage prepaid.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct. Signed at Irvine CA.

24 March 2020 /s/*signed electronically* M. Reynolds